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APPLICANTS

Russell H. Arndt, Fishkill, NY;

Kenneth J. Giewont, Hopewell Junction, NY;

Kevin E. Mello, Fishkill, NY; M. Dean Sciacca, Poughkeepsie, NY;

** CONTINUING DATA *****

None WLL

** FOREIGN APPLICATIONS *****

None WLL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

23550
 HOFFMAN WARNICK & D'ALESSANDRO, LLC
 3 E-COMM SQUARE
 ALBANY, NY
 12207

TITLE

SELECTIVE SALICIDATION METHODS

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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